



Environmental Health
Phone: 703 / 777-0234
Fax: 703 / 771-5023

Loudoun County Health Department

P.O. Box 7000
Leesburg VA 20177-7000



Community & Occupational Health
Phone: 703 / 777-0236
Fax: 703 / 771-5393

Date: _____

CITIZEN VOLUNTEER REGISTRATION FORM

First Name:		Last Name:	
HOME	Street:		
	City:	County:	Zip:
	Phone:	Fax:	Cell:
	E-mail:		Date of Birth:
WORK	Employer's Name		Job Title:
	Street		
	City:	County:	Zip:
	Phone:	Fax:	E-mail:
I would like to volunteer in: (Please check all that apply)			
<input type="checkbox"/> Eastern Loudoun County (east of Leesburg)		<input type="checkbox"/> Leesburg Area	
<input type="checkbox"/> Western Loudoun County (west of Leesburg)			
SPECIAL SKILLS			
(Please check all that apply. Use additional pages if necessary)			
<input type="checkbox"/> American Sign Language			
<input type="checkbox"/> Can speak languages in addition to English (list all languages)			
<input type="checkbox"/> Data entry or computer skills (please describe)			
<input type="checkbox"/> Other special skills or abilities (please describe)			
MEDICAL TRAINING AND EXPERIENCE			
(Please check all for which you are licensed or certified in Virginia. Use additional pages if necessary)			
<input type="checkbox"/> Physician Specialty:		<input type="checkbox"/> Pharmacist	
<input type="checkbox"/> Physician's Assistant		<input type="checkbox"/> Dentist	
<input type="checkbox"/> Nurse Practitioner		<input type="checkbox"/> EMT/Paramedic	
<input type="checkbox"/> Registered Nurse		<input type="checkbox"/> Medical or Laboratory Technician	
<input type="checkbox"/> Licensed Practical Nurse		<input type="checkbox"/> Mental Health Professional	
<input type="checkbox"/> Nurse's Aide		<input type="checkbox"/> Medical Receptionist/Records	
		<input type="checkbox"/> Other:	

Volunteers may be subject to a background or reference check.

Please return this form to the address above or fax to (703) 771-5023, attention: Dr. David Goodfriend